

Comments: Concept Paper for 1115 Waiver for Illinois Medicaid

NAMI Illinois, the state organization chartered by NAMI, the National Alliance on Mental Illness, appreciates this opportunity to comment on Illinois' 1115 Concept Paper for Illinois Medicaid.

Our comments are general in nature, but refer to all behavioral health services and supports; we'll make more specific recommendations throughout the process. In the meantime, NAMI Illinois' priority recommendation would to focus on Home and Community Based Infrastructure to ensure that Illinois' public mental health system meets the varying needs of adults living with mental illness. In order to make a critical investment in reducing reliance on institutional care, a range of services and supports are essential for all who have been diagnosed with a mental illness. The most basic services for any adult living with mental health conditions, regardless of severity would be prevention and outreach services, accompanied by screening, assessment and evaluation. For serious mental illness, the services intensify, and must include:

- Effective individual, group and family therapies
- Integrated mental health, addictions and primary care
- Medications
- Case management and care coordination
- Peer and caregiver education and support services
- Intensive outpatient services
- Employment and education supports
- Housing with supportive services
- Skill-building and socialization services (including transportation services, if needed)
- Daily living and personal care services (including transportation services, if needed)
- Assertive Community Treatment

- Jail diversion and reentry services
- Crisis Intervention and stabilization
- Psychiatric hospitalization
- Longer term care
- NOTE: Reimbursement for transportation may always be needed for effective service delivery.

Both the cost of transportation as well as reimbursement for staff time must be built into any formula for reimbursement. Maximize its use to ensure effectiveness of all services.

NAMI recognizes that family support and education is fundamental to early identification, effective intervention and long term well-being of their children and / or siblings who live with mental health conditions. They are often the first to know when something is going wrong. Lack of access to credible information about mental illness, fragmented and under-financed services often obstruct interpretation of confidentiality laws for someone they love. Families take on roles as daily caregivers, often with little or no support or training. When families are accepted as partners in care and have access to education and support, there is strong evidence that this leads to better outcomes for everyone involved. NAMI recommends that:

- Educational programs delivered by and for families, at every stage of the life cycle, must be valued and promoted as an integral part of any effective service system.
- Financing mechanisms including federal and/or state grants, reinvestment of managed Medicaid funds and other financial support must be made available for the development, administration and evaluation of family-directed programs.

Other general recommendations include:

- Ensure a wide range of choice that supports consumer and family-driven care. Adherence to a service plan is a critical factor in ensuring that individuals living with mental health challenges stay well. Chances are much greater that long-term savings will be realized when individuals have flexibility and input into developing their plan.
- Build respite care into individual care plans as needed; ensure that people don't remain in hospitals / institutions longer than needed while also having care in place that supports their recovery.
- Use evidence-based, promising and emerging practices and services in every possible circumstance. These practices and services must be recovery, resiliency and wellness oriented, culturally competent and readily accessible. It's time for Illinois to invest in services that we know will be effective, including Individual Placement and Support (IPS) / Supported Employment, Supported/Supportive Housing Initiatives, Assertive Community Treatment, Case Management, Peer Support, etc.
- Ensure that the majority of services are community-based and prevention oriented to keep people out of institutions. Illinois must adopt a progressive stance of limiting institutional care to those in crisis, and ensuring a viable path to community living at every juncture of recovery.

Education: NAMI advocates full and fair access for people with mental illnesses to education, continuing education, vocational rehabilitation, training, professional development, personal development, employment, business and business assistance.

Housing: Individuals with serious mental illnesses need a wide array of options for permanent, decent, and affordable housing, based on an individual's needs and choices. These options may include group homes and independent living in apartments or houses. Living in the community must be given priority

whenever that option is available and suitable to a consumer's needs and choices. Funding should support and follow consumer choices, which allow the consumer to retain independent housing.

To enable housing through an 1115 waiver, NAMI Illinois supports creation of a DSRIP bonus pool specifically for community mental and behavioral health providers. If funding for housing is not available for individuals prior to obtaining SSI, NAMI Illinois recommends requesting funding to pilot a program that would prevent inappropriate nursing home placements and/or homelessness.

Workforce Development: Prioritize Recruitment and Retention - Develop holistic strategies to recruit, train and retain qualified health care providers to provide effective treatment for mental illness and co-occurring disorders, to increase workforce diversity and to meet the needs of rural and underserved populations. Ensure that universities, community colleges, hospitals and behavioral health providers work with common goals. Education curricula and training must include treatment competencies for mental health and co-occurring disorders.

Ensure development of quality peer-delivered education and support services for individuals living with mental health challenges and their families, as well as self-management programs.

Ensure quality training in evidence-based treatment programs and emphasizing and ensuring the concepts of recovery and wellness.

Accountability / Reimbursement: Providers must be reimbursed at rates reflecting the true cost of providing effective and evidence-based interventions for SMI and co-occurring disorders. Standardized data on meaningful performance, process and outcome measures must be publicly available, and bonus payments must flow to all providers participating in managed care or fee for service.

Children's Mental Health Needs: Include children with mental health needs in the State's Waiver request. Their needs are great; early intervention, prevention, advocacy and support can establish a foundation built on resiliency, wellness and self-management programs.

Reimburse Technical Assistance for Current Providers and Staff: Optimize resources / services that are currently in existence, ensuring and enhancing capacity to support Medicaid expansion with quality services. Ensure a consistent interpretation and commitment to recovery, wellness, investing in health and wellness and life in the community for those living with serious mental illnesses.